

Fostering Resilience: Exploring the Synergistic Effects of Altruism, Self-Efficacy, and Community Support on the Mental Health of ASHA Workers

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KEYWORDS

ASHA workers, resilience, mental health, altruism, self-efficacy, community support

ABSTRACT

Workers with the Accredited Social Health Activists (ASHA) credential are vital in providing underprivileged areas in India with healthcare services. But their mental health and wellbeing might take a hit due to the demanding nature of their job. The purpose of this research is to examine how ASHA employees' mental health and resilience might be enhanced by the combined efforts of self-efficacy, community support, and altruism. Using a combination of survey and semi-structured interview methodologies, the researcher gathered data from 200 ASHA workers in rural India. Positive associations between self-efficacy, mental health outcomes, community support, and altruism, according to structural equation modeling were found. By using theme analysis on qualitative data, we were able to better understand how these factors contribute to resilience. To improve the mental health and resilience of ASHA workers, the results stress the need to encourage selfless motives, boost self-efficacy via education and encouragement, and cultivate networks of supporting community members. Policymakers and healthcare organizations may use the study's important implications to improve the well-being of these crucial frontline health workers through the establishment of interventions and support systems.

1. Introduction

In India, underprivileged people rely on Accredited Social Health Activists (ASHAs)—frontline health workers—to provide them with crucial healthcare services [1]. Workers with ASHA play an essential role in the National Rural Health Mission (NRHM) by connecting people in rural areas to healthcare providers, increasing awareness of health issues, and organizing community members to take action as needed [2]. Their mental health and wellbeing might be negatively impacted by the demanding nature of their employment, which is frequently marked by long hours, poor pay, and exposure to stressful situations [3].

In order to ensure the emotional and psychological health of ASHA employees, it is essential to identify the factors that promote resilience. Given the critical role they play in promoting public health goals. Workers in the ASHA field must possess resilience, which is described as the capacity to recover quickly from setbacks and continue to operate positively even when confronted with difficult situations, to meet the demands of their job without compromising their mental health.

Numerous personal and environmental elements have been previously shown to impact health professionals' resilience. Workers in the healthcare industry who exhibit a more selfless attitude are associated with improved mental health outcomes, less burnout, and more job satisfaction. [5].

Evidence suggests that self-efficacy, which is the conviction in one's own abilities to carry out activities and attain goals, might serve as a stress buffer and foster resilience when confronted with adversity. Another component that has been found to be protective for mental health and well-being is community support, which includes social connectivity and a feeling of belonging [8]. Although each of these characteristics has been researched in isolation in relation to health workers' resilience, very little is known about how they interact with one another to impact the mental health of ASHA employees in particular. The processes by which these frontline health professionals develop resilience can be better understood by examining the relationship between compassion.

Consequently, the purpose of this research is to investigate how ASHA employees' mental health and resilience are impacted by the interplay between self-efficacy, community support, and altruism. The purpose of this mixed-methods study is to add to what is already known about what makes frontline health professionals happy and healthy, so that we can create better support systems and treatments for them.

2. Materials and Methods

2.1 Study Design and Participants

A cross-sectional survey made up the quantitative part, whilst semi-structured interviews made up the qualitative part. Employees of ASHAs in rural areas of India were the focus of this research. Participants were recruited using a purposive sampling strategy. Here were the criteria that were used to include participants: who are (a) working in a rural area of India, (b) willing to engage in the study, and (c) currently employed as an ASHA worker. The following were not eligible: (a) having a current diagnosis of a serious mental health illness and (b) having fewer than six months of experience as an ASHA worker.

With a power of 0.80, an alpha level of 0.05, and a medium effect size ($f^2 = 0.15$), the sample size for the quantitative component was computed using G*Power software [9]. A total of 176 individuals were included in the sample. We recruited 200 ASHA workers for the research to account for probable dropout and missing data.

A maximum variation sampling approach was used to pick a subsample of 20 participants for the qualitative component from the overall sample [10]. With this method, we hoped to hear from ASHA employees about their varied experiences with resilience and mental health.

2.2 Gathering Information

A self-administered survey questionnaire was used to gather quantitative data. Key factors of relevance, including altruism, self-efficacy, community support, resilience, and mental health, were measured via validated scales in the questionnaire. We utilized the following measures:

To gauge the prevalence of selfless actions, researchers developed the 20-item Self-Report Altruism Scale [11].

The General Self-Efficacy Scale [12] is a 10-item survey that uses a 4-point Likert scale to gauge how confident a person is in their own abilities to handle difficult situations and accomplish their goals.

On a 4-point Likert scale, each of the 24 items that make up the Sense of Community Index-2 [13] evaluates how a person feels about their community and their role in it.

An individual's capacity to deal with stress and hardship can be measured using the 25-item Connor-Davidson Resilience Scale [14], which uses a 5-point Likert scale.

A fourteen-item test that uses a six-point Likert scale to measure mental, emotional, and social health, Mental Health: A Concise Overview of the Mental Health Continuum [15].

In addition to standard demographic questions (gender, age, education level, number of years working for ASHA), the survey also included more free-form questions that encouraged respondents to reflect on and discuss the elements that have helped them remain resilient and mentally healthy.

Trained research assistants used semi-structured interviews to gather qualitative data. A literature review and the research questions posed for the study formed the basis for the interview guide. Respondents' perceptions of their own influence on resilience and mental health, as well as their experiences with self-efficacy and community support, were probed by way of open-ended questions. With the participants' permission, audio recordings of the interviews were made and subsequently transcribed word for word for analysis.

2.3 Analysing Data

Software versions 26 of IBM SPSS Statistics and AMOS were used for the quantitative data analysis. The research variables were subject to descriptive statistical calculations, which included frequencies, standard deviations, and means. The bivariate correlations between mental health, self-efficacy, community support, resilience, and benevolence were examined using Pearson's correlation coefficients.

We used structural equation modeling (SEM) to test our hypothesis about the synergistic benefits of community support, self-efficacy, and altruism on mental health and resilience. The chi-square (χ^2) test, A number of indices were utilized to evaluate the model's fit, including the Tucker-Lewis index (TLI), root-mean-square-error-of-approximation, and the comparative fit index (CFI). A satisfactory model fit was shown by results from a non-significant χ^2 test, having CFI and TLI values better than 0.95 and RMSEA values less than 0.06[16].

Researchers used theme analysis to sift through qualitative data [17]. In order to code and analyse the interviews, the transcripts were loaded into the NVivo programme (version 12). Using an inductive technique, we allowed overarching themes to surface in the data. Discrepancies were resolved through debate after two researchers coded the transcripts separately. Eventually, consensus was obtained. In order to give a thorough grasp of the participants' experiences and viewpoints, the detected themes were examined, improved, and arranged into a logical story.

3. Results

3.1 Participant Characteristics

In the statistical aspect of the research, two hundred ASHA employees took part. The participants were women (98%), and their mean age was 35.6 years (SD = 7.2). An ASHA worker's average tenure was 6.4 years, with a standard deviation of 3.8. Table 1 displays the demographic information of the individuals who took part.

Table 1. Details about the subjects' demographics (N = 200)

Characteristic	Mean (SD) or n (%)
Age (years)	35.6 (7.2)
Gender	
Female	196 (98%)

Male	4 (2%)
Education level	
Primary school	24 (12%)
Secondary school	132 (66%)
Higher secondary school	44 (22%)
Years of experience as an ASHA	6.4 (3.8)

For the qualitative component, 20 ASHA workers were interviewed. The subsample was diverse in terms of age (range: 24-48 years), years of experience (range: 1-12 years), and geographical location within rural India.

3.2 Descriptive Statistics and Correlations

In Table 2, you can see the various research variables' means, standard deviations, and bivariate correlations. There was a significant correlation between altruism, self-efficacy, community support, resilience, and mental health ($p < 0.01$). The mean values of these variables were 3.92, SD = 0.58, 3.15, and 0.47, respectively.

Table 2. Intercorrelations, means, and standard deviations of the study's variables (N = 200)

Variable	M	SD	1	2	3	4	5
1. Altruism	3.92	0.58	-				
2. Self-efficacy	3.15	0.47	0.35**	-			
3. Community support	3.38	0.62	0.42**	0.31**	-		
4. Resilience	3.74	0.55	0.46**	0.52**	0.39**	-	
5. Mental health	4.12	0.71	0.40**	0.48**	0.44**	0.57**	-

Note. ** $p < 0.01$.

3.3 Structural Equation Modeling

In order to test our theory on how self-efficacy, social support, empathy, and mental health all interact with one another, we employed structural equation modelling (SEM). The numbers from the original model indicate that it fits the data well: $\chi^2(94) = 153.42$, $p < 0.001$, CFI = 0.96, TLI = 0.95, RMSEA = 0.055 (90% CI [0.040, 0.070]). The inclusion of a direct pathway from community support to mental health was, however, indicated by modification indices. The improved fit was

shown by the updated model that included this path: $\chi^2(93) = 137.85$, $p = 0.002$, CFI = 0.97, TLI = 0.96, RMSEA = 0.048 (90% CI [0.032, 0.064]).

Figure 1 displays the standardized route coefficients for the finished model. There were substantial positive impacts on resilience from altruism ($\beta = 0.28$, $p < 0.001$), self-efficacy ($\beta = 0.41$, $p < 0.001$), and community support ($\beta = 0.19$, $p < 0.01$). Conversely, mental health was significantly improved by resilience ($\beta = 0.49$, $p < 0.001$). In addition, mental health was directly and significantly impacted by community support ($\beta = 0.25$, $p < 0.001$). The model explained 52% of the variation in psychological well-being and 48% of the variation in resilience.

Figure 1 is a structural equation model that illustrates the interplay between community support, self-efficacy, and altruism as it relates to mental health and resilience. Coefficients of standardized paths are displayed. The significance levels are highly significant ($p < 0.01$, $***p < 0.001$).

3.4 Qualitative Data Thematic Analysis

Altruistic motivation, belief in one's talents, feeling of community belongingness, and coping mechanisms were the four major themes that emerged from the thematic analysis of the qualitative interviews about the elements that contribute to resilience and mental well-being among ASHA workers.

First Theme: Selfless Drive

One common theme among the participants was a deep commitment to helping others and a desire to make a positive impact in their local communities. They spoke of the joy and contentment they felt when they were able to make a difference in people's lives and assist those in need. "Watching the joy on the faces of the moms and kids I assist motivates me," one respondent said. Serving my community and making a difference is more than just a job to me; it's a calling.

Two, having faith in one's own talents

Employees at ASHA highlighted the significance of believing in one's abilities to handle the difficulties of their job. They talked about how their confidence in their talents helped them persevere through tough times and do a good job. One respondent said, "I have encountered several challenges in my line of work, but I constantly reassure myself that I possess the necessary expertise to triumph over them. Having faith in myself is what keeps me going.

Thirdly, a sense of belonging to a community

When asked what factors contributed to their resilience and emotional health, participants overwhelmingly cited the support of their communities. They talked about how their communities gave them the emotional fortitude and drive they needed by making them feel like they belonged. This community's appreciation and support for my job gives me a feeling of purpose and belonging," one ASHA worker said. Because of that, I am able to persevere through difficult situations.

The fourth theme is coping mechanisms.

In order to keep their mental health and resilience in check, ASHA workers shared a variety of coping mechanisms. These included doing things for oneself, reaching out to friends and coworkers for emotional support, and learning to control one's breathing and meditation to alleviate stress. "I seek support from my fellow ASHA employees when I feel overwhelmed," one participant remarked. We lift one other up and talk about the things we've been through. It reassures me that I am not alone and that we are all facing this challenge together.

3.5 Other Quantitative Discoveries

To further understand how ASHA employees' demographics and years of experience affect their resilience and mental health ratings, additional studies were carried out. Resilience and mental health score averages and standard deviations per age group are shown in Table 3.

Table 3. Results for mental health and resilience across age groups, including means and standard deviations

Age group	n	Resilience	Mental health
18-29	48	3.65 (0.61)	4.02 (0.75)
30-39	92	3.78 (0.52)	4.15 (0.68)
40-49	60	3.72 (0.57)	4.14 (0.74)

A one-way ANOVA revealed no significant differences in resilience [$F(2, 197) = 1.02, p = 0.36$] or mental health [$F(2, 197) = 0.61, p = 0.54$] scores across the age groups.

Table 4 shows the averages and standard deviations of the ASHA worker resilience and mental health scores broken down by years of service.

Table 4. Means and standard deviations of resilience and mental health scores by years of experience

Years of experience	n	Resilience	Mental health
1-5	88	3.69 (0.58)	4.05 (0.74)
6-10	76	3.81 (0.53)	4.21 (0.67)
11-15	36	3.73 (0.56)	4.11 (0.73)

A one-way ANOVA showed no significant differences in resilience [$F(2, 197) = 1.12, p = 0.33$] or mental health [$F(2, 197) = 1.19, p = 0.31$] scores based on years of experience.

Further investigation into the connection between mental health and resilience was conducted through the use of a straightforward linear regression analysis. The regression model's findings are shown in Table 5.

Table 5. A basic linear regression study on the relationship between resilience and psychological well-being

Variable	b	SE B	β	t	p
Resilience	0.74	0.07	0.57	10.61	<0.001

The regression model was significant [$F(1, 198) = 112.59, p < 0.001$], with resilience explaining 36% of the variance in mental health scores ($R^2 = 0.36$). The results indicate that a one-unit increase in resilience scores is associated with a 0.74-unit increase in mental health scores.

4. Discussion

The results show that a multipronged strategy is necessary to boost the resilience of these frontline health professionals and give important insights into what makes them happy.

Among ASHA employees, there were statistically significant positive correlations between self-efficacy, resilience, community support, compassion, and mental health. A favorable impact on mental health may be attributed to the synergistic effects of compassion, self-efficacy, and community support on resilience, according to the SEM analysis, which provided support for the proposed model. Furthermore, it was shown that community support directly impacts mental health, highlighting its vital role in enhancing the well-being of ASHA workers.

These results corroborate other studies that found that healthcare professionals' resilience and mental health were enhanced by self-efficacy, community support, and altruism [5, 7]. In order to promote resilience and mental well-being among ASHA workers, treatments should aim to target numerous aspects concurrently, as this study found synergistic benefits.

To put the quantitative results in context, the qualitative findings added depth. Reflecting on the experiences and viewpoints of ASHA workers, the recurring themes of selfless motivation, self-confidence, community affiliation, and coping mechanisms come to light. These themes highlight the significance of encouraging intrinsic incentives, empowering ASHA workers with the tools they need to succeed, creating meaningful connections within the community, and supporting their mental health and resilience.

This study's quantitative and qualitative results, when combined, provide a thorough picture of what makes ASHA employees resilient and healthy mentally. The importance of taking a comprehensive approach when developing treatments and support systems for these frontline health professionals is underscored by the synergistic impacts of compassion, self-efficacy, and community support.

4.1 Practical Consequences

Policymakers, healthcare organizations, and stakeholders supporting ASHA workers can benefit greatly from this study's results. First, the findings highlight the need to acknowledge and appreciate ASHA employees' contributions to community health in order to cultivate altruistic motives. Recognition, rewards, and chances for advancement in one's career might help bring this about on a regular basis.

Second, the study stresses the significance of ASHA staff members developing self-efficacy via extensive training, continuous mentoring, and encouraging supervision. Providing ASHA employees with the information, training, and tools they need to do their jobs well can boost their self-esteem and ability to deal with setbacks.

Thirdly, the results highlight the importance of community support in helping ASHA employees maintain positive mental health and resilience. Programmes that help ASHA employees feel more connected to the communities they serve should be a top priority for healthcare organisations and lawmakers. Initiatives to foster strong relationships between ASHA employees and people of the community, as well as societal acknowledgment of the contributions made by ASHA employees, are examples of what may fall under this category.

Finally, the research stresses the need of providing ASHA employees with healthy coping mechanisms to keep their mental health in check. Training in stress management, peer support programmes, and specialised mental health services for ASHA employees can all help reach this goal.

4.2 Restrictions and Prospects for the Future

Despite the study's merits in shedding light on what makes ASHA employees resilient and healthy mentally, its limits must be carefully considered. It is difficult to draw conclusions about cause and effect from this study because of its cross-sectional nature. Longitudinal studies in the future

may help us better grasp the complex relationship between mental health, self-efficacy, community support, resilience, and altruism.

The study also used self-report measures, which might have been influenced by social desirability bias. To further ensure the reliability of the results, future research may include resilience and mental health assessments that are objective.

Additionally, the results may not be applicable to other settings because the study only included ASHA workers in rural India. To further understand the elements impacting ASHA workers' resilience and mental well-being, future study might investigate their experiences in metropolitan settings and other geographical places.

5. Conclusions

Researchers in this study found that ASHA employees' resilience and mental health were positively impacted by a combination of self-efficacy, community support, and altruism. In order to improve the well-being of these frontline health professionals, it is crucial to encourage selfless motives, increase self-efficacy via training and support, and promote a feeling of community belongingness. Insights from this study can help healthcare organisations and lawmakers prioritise ASHA workers' mental health and resilience as they develop treatments and support systems. To ensure that these essential health workers can keep providing vital services to underprivileged communities, we need to create an enabling environment that supports ASHA workers' intrinsic motivations, builds their self-efficacy, fosters community support, and equips them with effective coping mechanisms.

It is critical that we keep investigating what makes ASHA employees resilient and healthy mentally so that we can better serve them in the future. We can improve healthcare for everybody and make sure that low-income areas get the kind, high-quality treatment they need if we put money into the health of these frontline workers.

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